

00862.002569



PATENT APPLICATION

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#27/ε
2-12-04

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

KITAHIRO KANEDA

Application No.: 09/212,434

Filed: December 16, 1998

For: COMMUNICATION SYSTEM AND
CONTROL METHOD THEREOF,
AND COMPUTER-READABLE
MEMORY

Examiner: M. Dastouri

Group Art Unit: 2623

January 27, 2004

RECEIVED

FEB 04 2004

Technology Center 2600

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

Sir:

In response to the Office Action dated July 31, 2003, the period for response to which having been extended to Monday, February 2, 2004, by the accompanying Petition For Extension Of Time, please amend the above-identified application, as follows:



In re Application of:

KITAHIRO KANEDA

Application No.: 09/212,434

Filed: December 16, 1998

For: COMMUNICATION SYSTEM AND CONTROL
METHOD THEREOF, AND COMPUTER-
READABLE MEMORY

Docket No.

00862.002569

Examiner: M. Dastouri

Group Art Unit: 2623

Date: January 27, 2004

The Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RECEIVED

FEB 04 2004

Technology Center 2600

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 75	MINUS	** 75	= 0	x \$9 \$18	\$ 0
INDEP. CLAIMS	* 17	MINUS	*** 17	= 0	x \$43 \$86	\$ 0
Fee for Multiple Dependent claims \$145°/\$290						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$ 0

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

- ☐ Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☐ A check in the amount of \$_____ is enclosed.
- ☐ Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☒ A check in the amount of \$950.00 to cover the fee for a three month extension is enclosed.
- ☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicant's undersigned attorney may be reached in our Costa Mesa, California office by telephone at (714) 540-8700. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Attorney for Applicant

Registration No. 50,957

FITZPATRICK, CELLA, HARPER & SCINTO
30 Rockefeller Plaza
New York, New York 10112-3800
Facsimile: (212) 218-2200